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CLINICAL LECTURE.

SEXUAL PERVERSION, SATYRIASIS
AND NYMPHOMANIA.¹BY G. FRANK LYDSTON, M. D.,
CHICAGO.[CONCLUDED.] *from p. 253.*

Some of the manifestations of sexual perversion, quoted by various authorities, are very extraordinary, and it is difficult to associate them with titillations of the sexual sensibility. Perhaps the most familiar of these cases is that of Sprague, who was committed in Brooklyn a number of years ago for highway robbery.² It is unnecessary to present this case in detail, but an outline of it may prove interesting. Sprague was arrested immediately after having assaulted a young lady by throwing her down, violently removing one of her shoes and running away

with it. He made no attempt to steal anything else, although she had on valuable jewelry. When the trial came on, insanity was alleged as a defense. Numerous witnesses, the principal of whom was the father of the defendant, a clergyman of the highest respectability, testified to the erratic conduct of the prisoner. A family history was elicited which bore most pertinently upon Sprague's case. His grand-father, grandmother, great-grand-uncle, three great-aunts, and a cousin having been insane. He had himself in his youth received numerous blows and falls upon the head, and within a year from the last head injury he had developed severe headaches, associated with which his friends noted a bulging of the eyes. About this time the prisoner developed a fondness for stealing and hiding the shoes of females about the house, and it was found necessary by his relatives and the female domestics to carefully conceal or lock up their shoes to prevent his abstracting them. Upon investigation it was discovered that the act of stealing or handling the shoes produced in him sexual gratification."

¹ Delivered at the College of Physicians and Surgeons, Chicago, Illinois.² Beck: *Medical Jurisprudence*, Vol. I, 1860, p. 732.

Wharton¹ several years ago chronicled a most peculiar case of sexual perversion. In this instance the morbid sexual desire impelled the individual to assault young girls upon the streets of Leipzig, by grasping them and plunging a small lancet into their arms above the elbow. The fact was developed after his arrest that these peculiar acts of assault were accompanied by seminal emissions. This authentic case gives a vivid coloring to the rational hypothesis that the now famous Whitechapel assassin is a sexual pervert, a theory which Kiernan in particular has supported, and which I believe has suggested itself to the minds of the majority of medical men who have given the murders even slight consideration.

Many cases of sexual perversion manifest themselves only under the influence of disease or of drunkenness. Ovarian irritation and those more obscure cases of hysteria, in women, which we are unable to trace to a definite physical cause, are frequently associated with sexual perversion. The physiological (?) disturbance incidental to pregnancy is, in certain neurotic patients, productive of similar aberration. Whether the influence of liquor obtunds the moral faculties or develops an inherent defect of sexual physiology in any given case, is of course difficult to determine. I know of an individual who conducts himself with perfect propriety when sober, and who is a man of exceptional intellect, but who, when under the influence of alcohol, is too low for consort with the human species.

The association of sexual perversion with malformations of the sexual organs with or without associated close approximation to the general physique of the opposite sex, male or female, as the case may be, is certainly not surprising. I have met in my own experience with a most peculiar illustration of this form of sexual perversion, in the form of a young mulatto hypospadiac. This man had marked hypospadias, and had, it seems, an affinity for women, as illustrated by the fact that he contracted a gonorrhœa in the normal manner. That he also had a predilection for the passive role in the act of copulation was demonstrated by the fact that a number of young lads, ranging from ten to seventeen years of age, who lived in the neighborhood in which the spurious hermaphrodite was employed in the capacity

of cook, contracted from him typical gonorrhœa, for which several of them came under my care.

A peculiar case was recently reported to the Chicago Medical Society by Dr. A. R. Reynolds, of this city, of a man who had a love affair with a woman whose right lower extremity had been amputated at the thigh, and became so much attached to her that he was afterwards impotent with perfectly formed women, it being necessary for him to secure females who had undergone mutilation similar to that of his former attachment in order that he might be sexually gratified.¹ A peculiar phase of sexual perversion is occasionally seen among masturbators, male and female. The individuals suffering from this have a peculiar predilection for titillating the sexual organs in the most outlandish fashion. Such patients are in many instances particularly fond of introducing foreign bodies of various kinds into the urethra and thus gratifying their sexual desires. Such cases occur even among persons who have opportunities for normal gratification. Thus an interesting case is reported by Poulet² of a married woman, the mother of three children, who failed to receive gratification from ordinary intercourse, and practiced masturbation with a blunt piece of wood fastened to a wire. Her unfortunate failing was exposed through the slipping of the foreign body from her grasp into the bladder. Kiernan reports a somewhat similar case of an insane girl who was admitted into his service at the Cook County Insane Asylum. In this instance the physical appearance of the sexual organs and anus led to a suspicion of pederasty which was confirmed upon investigation.³

I have already directed your attention to forms of sexual perversion which do not conform to Westphal's definition of *Contrare Sexualempfindung*, which implies a sexual predilection on the part of an individual for those of his or her own sex with an inversion for sexual intimacy with those of the opposite sex. In my opinion certain other cases of disease, the principal manifestation of which is excessive sexual desire, are really forms of sexual perversion. Such cases are often met with in both the male and female.

Satyriasis is a disease that occurs in the

¹ A Treatise on Mental Unsoundness, etc. Philadelphia, 1873.

² Western Medical Reporter, Nov., 1888.

³ "Foreign Bodies."

³ Western Medical Reporter, Nov., 1888.

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male, with or without insanity, the principal manifestation of which is an abnormally excessive and unreasonable sexual desire. It is not a frequent disease as brought to the attention of the physician, probably because the opportunities for gratification of the male are relatively numerous. The disease consists of a constant desire, attended with vigorous erections, which no amount of sexual intercourse in some instances will gratify. It has been termed "erotic delirium," and it may or may not be due to coarse disease of the brain. In the worst cases of the disease, the unfortunate individual may be the subject of mania and delirium of a violent form. Acton¹ relates the case of an old man, suffering from satyriasis, whose desire was so extreme that he would masturbate whenever he was brought into the presence of women. After his death a small tumor was found in the pons varolii. Shocks and injuries involving the cerebellum are peculiarly apt to be followed by persistent erections. This phenomenon has been noticed in connection with executions by hanging. Injuries of the spinal cord, although in the majority of instances inhibiting the sexual function by producing complete paralysis of that portion of the cord which seems to bear an intimate relation to sexual sensibility, produce in some instances from irritation of the same nervous structure, persistent erection. Cases of this kind are related by Lallemand.² The following case is one which has been most frequently quoted: "This man was a soldier, who, in climbing over the walls of the garrison, fell upon his sacrum. Following this injury, he became paraplegic and suffered with persistent priapism. This lasted for some time, and could not be relieved by intercourse. All pleasurable sensations and the power of ejaculation were destroyed, although sexual desire was very ardent. During sleep, however, the unfortunate subject had lascivious dreams, accompanied by slight sensation and ejaculation."

The causes of satyriasis, as enumerated by different authorities, are: masturbation, diseases of the brain, particularly those affecting the cerebellum, injuries and diseases of the spinal cord, sexual excesses and the administration of poisonous doses of cantharides. Prolonged continence is another rare and dubious cause to which satyriasis

has been ascribed. J. W. Howe,¹ quoting from Blandet, describes a case of this kind. The patient was an earnest, hard-working and zealous missionary. He was unfortunate in the possession of an intensely passionate nature, although he had not gratified himself in a vicious manner. So intense was his excitement in the presence of women that it became necessary to seclude himself from them as far as possible. This plan proved a failure, for he became so much worse that he suffered from satyriasis in an extreme degree. A cure was finally accomplished by the normal indulgence of his passion.

The mild form of excessive sexual desire called priapism may be due to local irritation. In some instances such irritation will produce severe priapism without sexual desire. I have at present under my charge a gentleman who is suffering in this manner. He is about fifty years of age, and has been somewhat dissipated and a high liver, as a consequence of which he has gout in an extreme degree. He has suffered for several years from vesical irritation, attributed by him to stricture of long standing. The urethra on examination presents no abnormality; the urine is highly concentrated and strongly acid. As soon as the patient retires for the night, he begins to be troubled with severe erections, which are so marked as to be quite painful, and which persist during the entire night. Sexual intercourse gives no relief. I can only attribute this case to sexual hyperesthesia, incidental to long continued gout and irritation of the genito-urinary tract. This does not manifest itself during the daytime, but during the night; when, as is well known, the spinal cord is relatively hyperæmic and in a condition of increased functional activity. The same explanation holds good here that prevails in nocturnal emissions.

Nymphomania (*erotomania, furor uterinus*) is a disease analogous to satyriasis, occurring in the female. It is characterized by excessive and inordinate sexual desire, and very often by the most pronounced lewdness and vulgarity of speech and action. In the most severe forms, it is apt to be associated with, and dependent upon, other forms of insanity, with or without gross brain disease. In some instances the disease is a reflex manifestation of irritative affections of the sexual apparatus. Thus, ovarian

¹ On the Reproductive Organs.

² On Spermatorrhœa.

¹ Excessive Venery.

and uterine diseases are apt to be associated with it. Any irritation about the external genital organs in a female of hysterical temperament may produce the affection; all that is necessary being a nervous and excitable state of the nervous system, a passionate disposition, and the existence of local irritation of the sensitive sexual apparatus. Some of the recorded cases of nymphomania are very pitiful. It has been known to be associated with the cerebral disturbance incidental to pulmonary consumption. Thus, a case has been recorded of a woman who, in the last stages of this disease, exhibited the most inordinate sexual desire, and but a short time before her death importuned her husband to have intercourse with her.

The association of hysteria with this unfortunate condition of the mind and sexual organs is one with which nearly every gynecologist of experience is perfectly familiar. Nymphomania is also known to occur as a result of masturbation and sexual excess. In women of a highly erethistic temperament, it has developed as a consequence of sudden cessation of the normal method of sexual indulgence.

A knowledge of sexual matters is by no means necessary to the development of nymphomania, for it has been known to occur in individuals who had neither masturbated nor indulged in sexual intercourse. Some of the most painful cases of the disease have occurred during pregnancy. The principal astonishing feature of such unfortunate cases is the acquirement of lewd actions and expressions on the part of women previously and naturally pure-minded and refined. Such women may use expressions and commit actions that lead the physician to wonder where they possibly have acquired a knowledge of them.

The gynecologist is compelled to be on his guard with reference to a not infrequent form of nymphomania, but one which is little suspected by those surrounding the patient, in which the woman develops a fondness for gynecological manipulations. The subterfuges and devices of such patients to induce handling of the sexual organs on part of the physician are something remarkable. Perhaps one of the most frequent forms of this malingering is the pretense of retention of urine; although every disease which they may have heard of will be complained of by such patients in their insane endeavors to obtain manipulations at the hands of gynecologists.

Howe relates an interesting case of this kind occurring under his observation at Bellevue Hospital: "A girl, æt. 18, was admitted supposed to be suffering from retention of urine. She was thin; her eyes were deep-set, but bright and staring, and were found filled with tears. Her statement was that she had passed no water for three days; that she was subject to these attacks and was treated by having her water drawn off. I introduced the catheter, and found only a few ounces of urine in her bladder, not enough indeed to corroborate her history. The next morning, as she had not urinated during the night, I drew off the urine again. While doing so, I noticed by a series of peculiar convulsive movements that she was under the influence of strong excitement. Further examination showed that the labia minora, clitoris and adjacent parts were red and swollen and bathed in a profuse mucous secretion. I then remembered that on the previous evening she had shown a somewhat similar state of excitement, and gave the nurse orders to watch her closely all day. In the evening the nurse informed me that the patient kept up a constant friction of the genitals when she supposed no one was watching, and even when eyes were on her she endeavored by uneasy movements in the bed to continue the titillation. Knowing then what I had to deal with, the patient was given a sedative and told that she must empty her bladder without assistance. For thirty-six hours subsequently she obstinately insisted on her inability to urinate. When she was told no catheter would be employed again there was no further retention. Soon after she left the hospital I learned that a physician friend of mine was treating her for uterine disorder, but he too soon found out the true nature of the case, and advised her to get married." Several cases of a similar nature have come under my own observation, one during my hospital experience, and two others in private practice.

The treatment of satyriasis and nymphomania consists chiefly in the removal of irritation of the sexual apparatus, the administration of anaphrodisiac remedies to be hereafter considered, and attempts to restrain sexual excesses, or to break the habit of masturbation, as the case may be. Where there is actual organic disease the case is likely to be found to be incurable in the majority of instances, particularly if the structural disease involves the nervous cen-

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tres. In women, extirpation of the ovaries, or the procedure of Mr. Baker Brown—clitoridectomy—may be performed. Howe recommends the application of the actual cautery to the back of the neck. Basing this treatment upon the theory that the disease takes its origin in over-excitation of the nerve fibres of the cerebellum or some of the ganglia in the neighborhood, he also suggests blisters and setons to answer the same purpose. Dry cupping to the nucha is also serviceable. Means to restore the general health are always indicated. In the severe cases of the maniacal form of excessive sexual desire the asylum is usually our only recourse.

COMMUNICATIONS.

A NEW FOTHERGILL PILL.

BY JOHN AULDE, M. D.,

DEMONSTRATOR OF CLINICAL MEDICINE AND OF PHYSICAL DIAGNOSIS IN THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

Some years ago my attention was attracted by the very complimentary remarks of the late Dr. J. Milner Fothergill in regard to a certain form of pill, the principle ingredient being ipecacuanha. This complimentary allusion to the combination appeared in an advertisement, in connection with the published formula, which was distributed by a manufacturing house in this country. According to my recollection, after giving some general directions in regard to its administration, Dr. Fothergill closed by saying: "Aha! How many times have I ordered this pill, and how many hundreds of my patients have taken it with the greatest satisfaction." Such an indorsement, of course, was sufficient to merit consideration and careful investigation. I found on looking up the matter that a number of manufacturing houses had placed this pill upon their list, and that it appeared sometimes as Fothergill's anti-dyspeptic pill, and at other times simply as a carminative pill. The published formula may be found in quite a number of text-books, as well as in the lists already referred to, and therefore it need not be reproduced here. Suffice it to say, that I have modified the pill as originally given, by varying the amounts of the different ingredients used, and at the same time,

I have added to it a small quantity of the oil of cloves to flavor the pill and to obtain certain beneficial effects dependent upon the fact that the oil of cloves is supposed to act upon the intestinal mucous membrane, increasing the secretions. In this connection I may mention that I began using this formula probably five years or more ago, and have continued its use either in this form or in some modified form ever since. At first I tried very many combinations, by making additions to and subtractions from the original, but finally I decided upon this formula, because it seemed to answer the general demands of the system more fully than any other combination. Dr. Fothergill's high appreciation of aloes or aloin is well known, and I thought possibly that a small quantity of that substance might be combined with it to advantage, but I found afterwards that such a combination was not adapted to all cases. The same rule applies to the use of the bichloride of mercury. Both of these remedies are especially indicated: the first by reason of its value in unloading the lower bowel, the second on account of its efficiency as an hepatic stimulant. This observation will be more fully appreciated when we consider that this pill, as a whole, is intended probably more as a stimulant of the liver than for any other purpose. The ipecac it contains is a most valuable ingredient, and this is probably due to the emetine which it contains. A copy of the formula will enable the reader more fully to understand and appreciate the advantages which is claimed for it. It is as follows:

R	Strychnine sulphate	gr. 1-50
	Powdered Ipecacuanha	gr. 2-3
	Powdered black Pepper	gr. 1-4
	Extract of Gentian	gr. 1
	Oil of Cloves	gtt. 1-20
M, et flat pil. No. 1. S.		Take after each meal.

By increasing the amount of the ingredients, of course any number of pills can be ordered at one time, 30, 50, or 100, but within the past three years I have made it a practice to order them in large quantities, 3,000 to 5,000 at one time, gelatine coated, which enables me to dispense them promptly to my patients, while they are assured of getting exactly the preparations which I have ordered. The fact that pills become hard after they have been allowed to become old is somewhat of an objection to a preparation of this kind, but my experience does not lead me to infer that there will be

any difficulty if the pills are properly prepared; as I have found, on keeping some especially for the purpose of making investigation, that, even after the lapse of a year and a half, there is but little change in their character, and their solubility is quite as satisfactory as could be wished for. Some may object to the large dose of ipecac, but it is only in rare instances that this amount will be found to disagree, and in the large majority of cases it will be found to be a very superior remedy, fully entitled to the meed of praise which was given it by the late Dr. Fothergill. A child 6, 8, or 10 years of age suffering from a bad condition of the liver, generally termed biliousness, can readily take a half a grain of ipecac, in the form of a tablet triturate, after meals. For the first day or two, to prevent gastric derangement, it may be well to have the child lie down for ten or fifteen minutes after the ingestion of the pill, but after that period no difficulties need be apprehended unless a considerable quantity of water or other liquid is taken with the meal, in which case of course the ipecac is dissolved, forming a solution which is very irritating to the stomach.

The great benefit to be derived from the exhibition of ipecac in the liquid form in small doses I do not overlook, but in cases of this kind it is doubtful if these small doses would reach the difficulty which is intended to be overcome. We cannot deny the fact that when ipecac is given in a liquid form only a small amount is necessary to create considerable disturbance; while in the form of a powder, a pill or triturate, as much can be given at one time as would be sufficient if used in a liquid form to last for a whole week. The general action of this pill will be further understood by an analysis of the whole number of ingredients contained therein. The strychnine acts as a nerve tonic and stomachic stimulant; the ipecac has a sedative effect upon the stomach as well as upon the liver; while the black pepper is useful as a carminative, and the gentian acts as a simple bitter. The idea of combining with it the oil of cloves has already been explained. The successful use of this combination depends to a considerable extent upon the condition of the bowels, and, as stated, Dr. Fothergill laid great stress upon the exhibition of aloin or aloes. Occasionally it will be necessary to vary this to meet certain demands or idiosyncrasies on the part of the patient; Rochelle salts may be

conveniently substituted, or a small amount of the resin of podophyllum may be allowed to take its place; for temporary use the phosphate of soda will be found an excellent adjuvant and should not be forgotten.

Some of the indications for the use of this pill either as a whole or in a modified form may be briefly pointed out as follows: In cases of liver troubles marked by congestion, torpidity, and a general deficiency of secretion, such as is frequently seen in children and in adults, manifested by irregularity of the bowels, pasty stools, and a general feeling of malaise and drowsiness during the daytime, with restlessness and insomnia at night. Primarily it is intended to increase the activity of the liver, but secondarily the stomach and the intestines are benefited; because, the congestion of the hepatic gland is being overcome, the functions of both stomach and intestines are carried on much more perfectly. It would be interesting here to speak of the influences which are brought about through the presence of ptomaines and leucomaines and extractives, and the value of phagocytes in preventing the distribution of bacteria, or the poisons developed therefrom throughout the system, but that matter I presume is fully understood by the general practitioner at the present time. In pulmonary affections such as bronchitis of a chronic character, which is often due in part to liver disturbances, this pill may be used with the greatest satisfaction. Not infrequently cases of this kind appear where the exhibition of the New Fothergill pill will be sufficient to relieve the congestion of the hepatic gland, and increase the pulmonary secretion, or rather to increase the discharge of pulmonary secretions which have been accumulating for a considerable time in the bronchial tubes. In these cases patients complain about palpitation of the heart, shortness of breath; the stomach as indicated by the appearance of the tongue, is in a very unsettled condition, and the temptation is very strong to administer one of the physiological remedies for the purpose of overcoming this stomach disturbance upon which the derangement of the circulation is supposed to depend; but the administration of the Fothergill pill will be found far superior to any method of this kind, because it goes direct to the affected organ and relieves the whole system by encouraging and keeping the circulation in an active condition. The effects are also seen on the cutaneous system, which takes on a

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amount allowed use the an excellent gotted. The use of modified follows: by con- deficiency seen in a general during insomnia led to in- secundarily benefited; pituitary gland of both on much interesting which are presence of tractives, preventing the poisons system, very under- at the sions such er, which disturbances, test satis- this kind the New to relieve al, and in- rather to se- recretions for a al tubes. bout pal- breath; appearance d condition strong to remedies stomach ement of end; but I pill will d of this affected m by en- ration in an also seen kes on a

more healthy condition; the secretions are increased, the character and appearance of the skin rapidly improve, and everything indicates that the general functions are performed more nearly perfectly than before its administration. Occasionally the physician will be tempted to administer iron for its tonic effect, instead of ipecac, in cases of debilitated conditions of the system, marked by many of the symptoms here outlined, and will often be surprised because no apparent benefit is derived from a method of treatment which promises so much. If the use of the pill is allowed to precede the administration of the iron, and due attention is given to the condition of the bowels, he will be greatly surprised at the rapid improvement in the condition of the patient, and will then not hesitate to administer iron and other blood tonics.

4719 Frankford Ave.

ENLARGEMENT DURING LACTATION OF A PERFORATING BRANCH OF THE INTERNAL MAMMARY ARTERY.

BY A. L. BENEDICT, M. D.,
BUFFALO, N. Y.

While ausculting the chest of a puerperal patient, a sound was heard in the second right intercostal space simulating a double aortic murmur. On moving the stethoscope slightly outward, the sound took on the characteristics of an aneurysmal *bruit*, but it varied greatly in quality and intensity from one heart-beat to the next. A little manipulation showed that the sound was due to pressure of the stethoscope and, on palpation, an artery was plainly felt emerging from the second right interspace, extending obliquely downward and outward, becoming tortuous as it approached the right breast, and finally disappearing in the substance of that organ. The vessel was freely movable in the subcutaneous tissue; it seemed to be considerably larger than the facial, but not quite so large as the radial artery. The blood current was toward the breast. None of the other perforating arteries were large enough to be apparent. An examination six weeks later showed no change in the size of the artery.

The woman was twenty-seven years old, and she gave the history of one abortion and four previous deliveries at term. While

nursing one of the children a few years ago she had had an abscess of the left breast, which had incapacitated it.

The case has been of interest to me on account of the possible error of diagnosis, and also because, after consulting several anatomical and obstetrical authorities, some by reference to printed works, and others in person, I have been unable to learn just what enlargement of the perforating arteries is to be expected during lactation.

TREATMENT OF GALL-STONES BY MASSAGE.

BY J. T. McSHANE, M. D.,
CARMEL, IND.

The case of successful treatment of gallstones by massage, by Dr. J. A. Comingor, described in the REPORTER, July 27, calls forcibly to my mind a case in point which I had some years ago. As will be seen in the following report, the treatment was not given with a view to dislodging the gallstones, but the results prove the efficacy of the treatment in accomplishing this end.

Isaac M., 58 years old, weight 240 pounds. For some years he had occasionally been troubled with violent pain in the region of the liver. He had also been troubled with tenderness in the same region, the tenderness being more marked after one of his attacks of pain. Jaundice was more or less constant during these years of his complaint. He kept on hand a supply of morphine, which he took as the symptoms required. In August, 1876, he had an unusually violent attack, and in his desperate distress took morphine to such an extent that alarming symptoms were produced. Under these circumstances I was called in, and found him completely narcotized. The most vigorous efforts failed to make any impression toward arousing him, except when pressure was made over the region of the liver. I took advantage of this vulnerable spot, and kept arousing him from his deep slumber by vigorously pressing and churning him in this region. This, with other measures for his relief, was continued for five hours, when I felt safe in leaving him in charge of the family.

On the second and third days following he passed a number of gall-stones, some of which were unusually large. His stools, which had been light in color, now assumed the nor-

mal hue, his jaundice disappeared. The tenderness, from which he had not been free for so long, then entirely disappeared; and he was never again troubled with the hepatic pain during the remaining ten years of his life.

I was quite sure that the violent churning which he received had forced the gall-stones through the duct.

TOLERANCE OF IODIDE OF POTASSIUM.

BY ANDREW GRAYDON, M. D.,
PHILADELPHIA.

In the letter from Berlin in the *REPORTER*, June 29, 1889, there was chronicled a note illustrative of the tolerance of iodide of potassium. A soldier took in twelve hours 300 grains in eight fluid ounces of water without any injurious effects. The following brief history of a recent case shows much larger amounts taken.

G—— came to me a few months ago complaining of his eye. The symptoms indicated gravity, and so I sent him to my friend Dr. L. Webster Fox for an opinion. He pronounced it an aggravated case of choroiditis, of specific origin. One eye was irretrievably gone; the other in a fair way of reaching the same condition. The prognosis was almost without hope.

A mixed treatment, with the application of the galvanic current, was advised. After a time progress did not appear satisfactory under the routine dosage, and I determined to push the iodide of potassium, alone, to its limit. I ordered the patient a solution of the salt in water, beginning at fifteen grains daily, with an increase of six grains each successive day. This treatment, with galvanism, was faithfully carried out. About the 49th day he was taking 303 grains daily, and from that on, 43 days longer, he kept adding to this already large amount six grains daily, until on the 91st day the dose was 555 grains.

A little computation will show what an enormous quantity of the iodide the patient took in those 91 days, aggregating almost fifty-five ounces. From this point I decreased the dose by the same rate for some days, and then more rapidly, until the treatment was stopped. In all this dosage there was no appreciable sign of iodism; a very

extensive crop of acne was the only annoyance.

The result of the treatment was most satisfactory. The case was a desperate one; total blindness seemed inevitable, and we concluded, if there was any benefit to be derived from the iodide, it could only be obtained by pushing the drug until the system showed some response. It was with great gratification that, when we reached the large doses, we found marked improvement—in fact it was a surprise. The eye that was partially affected cleared up—so much so as to permit of quite satisfactory use, and with an absence of the hitherto persistent pain.

A long experience with the use of the galvanic current has proved its utility in many of these eye troubles. It is remarkable how quickly and permanently choked discs clear up, the pigmentary deposits seeming to melt away under its influence—in non-specific cases, I mean. Of course, if syphilitic, I would push the iodide. Where pain is a prominent symptom, galvanism will remove it surely and quickly. There is a wide field in ophthalmic practice for this agent. It should be applied carefully and with precision. No guess-work should be used, estimating the force by the number of cells. The milliampère-meter should always be in the circuit, in this and in all electric work. In a large experience I have never seen a bad result.

My practice is to give, in any eye-work, from one to five millampères, during from two to ten minutes. This amount of current and length of sitting depends—as does the choice of poles, also—upon the character of the case to be treated.

1437 North Twelfth Street.

—Dr. George Purviance, of the United States Marine Hospital Service, at Baltimore, has received notice from the Surgeon General's Office, at Washington, of his appointment as chief surgeon and custodian of the Marine Hospital at Philadelphia. Dr. William Henry Harrison Hutton, of Mobile, Ala., has been appointed successor to Dr. Purviance at the Remington Avenue hospital, Baltimore. The changes will take effect in the early part of August. Dr. Williams, of Cape Charles Quarantine Station, at Norfolk, has just arrived in Baltimore to assume his post of assistant surgeon of the Remington Avenue hospital.

Sept. 14, 1889.

Reports of Clinics.

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REPORTS OF CLINICS.**HARLEM HOSPITAL—NEW YORK.****SURGICAL CLINIC—DR. THOS. H. MANLEY.****Strangulated Hernia.**

The first case presented at this clinic, on April 3, was that of a young man, who had strangulated hernia of the oblique inguinal variety. This patient, who was twenty-four years old, entered the hospital the day previous, with the following history: Since childhood he had always worn a truss, on the right side, until about six months ago, when he removed it, supposing that he was cured. Some time thereafter, attempting to lift a heavy weight, he felt something give way in the groin, and he soon discovered the reappearance of his old rupture, but with this difference, that it gave him pain and could not be returned as formerly. After his family physician had failed to relieve him he came to the Hospital.

Originally, as we learn from the patient's history, the hernia was undoubtedly congenital. The herniae coming at or immediately after birth may, if properly supported with a suitable truss, undergo a spontaneous cure. As the obliquity of the canal increases with bodily growth, the tendency to recovery is enhanced; and if this patient had pursued some occupation in which tests of strength were not necessary he would, probably, never have seen his rupture return. Dr. Manley then remarked that there was another feature in the case well worthy of notice, and that was the rapid transition in the hernia itself. At its entrance, the protrusion was very small, presenting a small knob-like swelling, just outside of the external ring. An operation was declined at this time, and efforts to return it having failed, there were most marked local changes in the next twenty-four hours. Extensive effusion had taken place along the cord, and the vaginal tunic was enormously enlarged from serous effusion; in other words, septic peritonitis had commenced, and there were most pronounced constitutional symptoms present.

Dr. Manley said he would, in this case, operate by what is known as the McBurney method, a method as yet unrivaled, especially when applied to strangulated hernia, as it always results in a permanent cure of

the rupture if the patient survive. Dr. Manley believes the patient always will survive if he is operated on early. Besides, the operation invariably eliminates the two great dangers of other operations, viz., septic infection and hemorrhage.

The operation was begun by making a long, free incision from above the internal ring, through the skin, carrying it well down into the scrotum immediately over the hernial swelling; and after clamping off the divided vessels in the subcutaneous tissue, the opening was continued downwards, from above, until the neck of the sac was reached; then layer by layer, the different coverings were cut away until the serous membrane was found. When this was opened, it was discovered that the testis was small and undeveloped, and lying free in this pouch of peritoneum. The hernia had a true sac, the canal remaining open since birth—a genuine case of the congenital variety. The sac was now opened and found greatly distended with serum. A small knuckle of intestine was seen, and slipped immediately between the pillars of the external ring, when the sac was dissected free from the firm adhesions which it had formed. The spermatic cord was then divided high up, and the testis enucleated. It was explained, that the removal of the testis was no part of McBurney's operation, but that as the testicle was much atrophied, and probably useless, it was better out of the way. The sac was now drawn well down, and cut off on a line with the inner border of the internal ring. The second step of the operation, in this variety of hernia—the opening with scissors of the inguinal canal up to the inner opening—was then concluded, and the strangulated gut was returned and the sac removed. The next step was the closing in of the breach made in the tissues. Every antiseptic precaution was taken in the meantime, and all parts thoroughly flushed with sublimate solution. The cuticle, on the inner side, was sewed down to the conjoined tendon, six interrupted sutures being used. On the outer side, the sutures also included the skin, and took in the fascia transversalis; the same number of sutures were here also applied. The furrow made by the lapping in of the cutaneous margins of the wound was now well flushed and the tension-sutures applied, each being inserted about an inch from the margin of the incision, and secured by a close knot. The object of these last sutures, Dr. Manley said, was to favor the

approximation of the edges, and besides, to relieve tension. They were to be removed on the fifth day. The parts were now dusted with iodoform, the whole packed from the bottom with iodoform gauze, dressings applied, and the patient was returned to bed. The patient made an uninterrupted recovery, and left the hospital cured in just four weeks from the date of the operation.

Mollities Ossium.

The next operation was amputation at the hip-joint for mollities ossium of the shaft of the femur.

The patient was a woman thirty years old, and unmarried. Five years before she, while washing a floor, had a needle driven into her knee, and though it was soon removed, she never felt quite right in that limb since the occurrence. Abscesses formed along the femoral shaft, which would open and close, only to break out on some part of the limb.

Dr. Manley said that the pathology of the affection was not well understood. The traumatism induced by the needle, he thought, was not enough to explain the difficulty, though it might have been an exciting cause. Syphilis, either inherited or acquired, is alleged by some to be an active factor in its production, though Dr. Manley did not believe it was at the bottom of the trouble in this case.

As to the operation, he proposed to deal with one part of it, by a method which had only been adopted by himself, as far as he could learn, in doing amputations; he claimed for it advantages of great value, which, he felt sure, would be soon appreciated by surgeons—and this was the manner in which he controlled hemorrhage. The operation was begun by making the incision after the manner recommended by Bryant, of England, *i. e.*, going through the tissues vertically, instead of the horizontal transfixion-incision, usually in vogue. The first incision through the skin, was immediately over the emergence of the femoral artery from under Poupart's ligament, the inner margin of the oval then carried down, over the artery, about an inch, when the line for flap took an outward direction. The same proceeding was gone through on the opposite side, but in a different course. Each flap having been commenced, the crucial-pointed section of skin from which each was separated was now dissected up—

the tissues with it—till the vein and artery were seen. A heavy double suture of twisted silk was then run through a sharply bowed needle, and the latter, seized with a needle-holder, pushed under both the femoral artery and vein. The needle having been brought through, both vessels were securely closed, by drawing firmly on the ligature, until pulsation in the distal end of the artery had ceased. They were secured by a sliding-knob. Dr. Manley remarked that his object was to close the vessels without impairing their coats' integrity; therefore care was to be taken in drawing on the ligature, not to draw it tightly, but firmly; and further that the ligature was but a temporary application, hence he designates it the *temporary-transfixion-ligature*. This knot is only to be liberated, after the joint had been disarticulated and all bleeding vessels secured, so as to allow the vessel and its branches to fill again. Of the blood coagulating at the point of constriction, Dr. Manley had no fear, as he had tested this with the blood-vessels of animals, and found that the blood, in the healthy artery, could be dammed back for six hours and more, without undergoing any physical change. The deep tissues were now transfixated in the usual way. The absence of hemorrhage was noticeable; the femoral artery and its divided end was empty and quiescent, and the operation was gone through without any annoyance, as far as hemorrhage was concerned. After placing a stout ligature over the opened end of the femoral artery, and securing its divided branches, the knot above was slipped, the vessels quickly filling again, and the temporary ligature removed. There was but little oozing after the blood current was let on. A drainage tube was now inserted, the wound closed, and the usual dressings applied. The patient made a good recovery, there was no secondary hemorrhage, and the wound healed by primary union.

—By the will of the late Alonzo Clark, M. D., LL. D., it was placed in the power of the Faculty of the New York College of Physicians and Surgeons to bestow a scholarship, with an income of about nine hundred dollars a year, for the purpose of promoting the discovery of new facts in medical science. This has been bestowed, for three years from October 1, 1887, upon T. Mitchell Prudden, M. D., of New York City.

FOREIGN CORRESPONDENCE.**PARIS LETTER.**

(FROM OUR SPECIAL CORRESPONDENT.)

The Congresses.—Antithermic Medication.—Syphilis.—Heart Tonics.—Pneumonia.—Ptomaines and Germs.—Syphilis.—Hypnotism in Therapeutics.

PARIS, August 23, 1889.

Paris has presented this month a capital chance of studying the symptoms of "*Congressomania*," for one International Medical Congress after another has taken place, and will continue without interruption until the end of the Exposition.

There was one on Alcoholism, where it was argued that alcohol is a good medicine, but a bad thing to get in the habit of drinking. At the Congress of Public Assistance there was much good advice on how to educate nurses and how to keep a hospital; at the Congress of Therapeutics and Materia Medica a great deal was said of antithermic medication, which some approved but others did not.

Dr. Masius, of Liège, and M. Desplats thought they would use these drugs in fever cases, but Dr. Williams, of Boston, Dr. Stockvis, of Holland, and Dr. Semmola, of Naples, thought they were dangerous. Another physician called attention to the fact that they were not antithermic at all, as they had no action on the temperature of healthy animals, so they should be called antipyretics, as they acted on fever heat only. M. Dujardin-Beaumetz presented the new drug exalgine, which he said was a wonderful medicine, producing cessation of pain in neuralgia. It is insoluble and gives vertigo, and M. Dujardin-Beaumetz finished by saying that it is inferior to antipyrine. Professor Semmola proposed a return to the use of sulphur, which he finds is the best antiseptic both in medicine and in surgery. He gives it internally, and powders the sheets of his patients with it, and advises surgeons to powder it over all wounds in place of the other surgical antiseptics heretofore used.

The microbe had no rest in this Congress, as Professor Hallopeau then insisted on local antiseptic treatment of syphilis advising the use of nitrate acid of mercury and powdered corrosive sublimate. These strong applications can be made nowadays, as cocaine can be used first to obtund the pain. He finds that they are much more effective

than the old system of using nitric acid or nitrate of silver solutions. He finds also that the permanent use of one in 3,000, or one in 5,000 solutions of corrosive sublimate on specific ulceration, by cloths wet with the solutions and then covered over with some form of gum cover, gives a local antiseptic bath that modifies syphilitic ulcerations very rapidly. The heart tonics were next dwelt on to a considerable extent, but after much talk digitalis seemed to have retained its rank as the best one, notwithstanding the virtues of caffeine, convallaria, adonis vernalis, spartium scoparium, strophanthus, antiaris toxicaria, nerium oleander, etc., etc., which are all claimed to have the power of increasing the energy of the cardiac contractions. Professor Germain Sée and M. Laborde, some time ago, wished to insist that the alkaloids only should be used: digitaline in place of digitalis, etc.; but the practical physicians of this Congress seemed to be satisfied that digitalis powder was, after all, the best thing to use, and they did now even wish to make an infusion, which they had often seen to provoke troubles of the intestinal tract that were very annoying. Dr. Crocq suggested the use of acetate of lead in the treatment of pneumonia. He gives from forty centigrams to one gram of it, per day (6-15 grains), and follows it up for twelve days, when needed, and claims that the pulsations go down rapidly under its use, while the fever and expectoration are quickly modified. Others, however, thought that it was not wise to return to the use of the salts of lead internally, at least without great caution being taken against poisoning. Dr. Semmola said, in regard to lead poisoning, that he had great success in its treatment by electricity, applying the negative pole to the neck and the other pole to the spinal column over the kidneys, as he thought that it caused an elimination of the lead by the kidneys. He reported twelve cases of cure by this method.

In the Congress on Hygiene there was much of interest. One of the papers of special use to physicians was on "The Symptoms that are caused by the ingestion of Alimentary substances of Animal origin," by Professor Brouardel and Dr. Pouchet, the chemist. A long list of symptoms which most doctors are familiar with after the ingestion of bad meat, of even of that which is not actually in a decomposed state, were given; but what seems most interesting is the fact that the poisoning is not now

thought to be so much from the ptomaines, as from the infinitely small pathogenic microbes swallowed with the meat we eat. Some of these have recently been isolated from meat, that had caused a number of deaths. Among them is the so-called *bacillus enteritis*, Gartner's. This has been cultivated, and it has reproduced the symptoms that the meat caused. The origin of these accidents is not then only the ptomaines, but also the microbes that we eat with meat foods. This question demands careful study on the practical points, because all the cooking in the world will not, it seems, destroy the ptomaines, although it is quite enough to bring meat up to the cooking point in order to kill most, if not all, of the microbes.

In the Dermatological Congress there was an interesting discussion on the nature of the Lichen group. In the Congress on the modern treatment of Syphilis, the hypodermic injection of mercurial drugs seems to be discredited, and most physicians have returned to frictions by mercurial ointment. As regards mercurial treatment, Dr. Langlebert thought that it should not commence until the prodromata of the second period had appeared, then he advised corrosive sublimate, three centigrams (half a grain) daily as the best mercurial agent. As to iodides, they are not to be used until the cases are chronic, or latent, and should be continued with periods of rest, for three years. Here again we meet a return to old practice as the majority of the best men present: Fournier, Langlebert, Julien, Kaposi, Schuster—all have abandoned the injection of mercurial salts, and now consider this modern practice *dangerous*. In many cases progress seems to move backwards, and it is not always well to take up too quickly with new forms of medication.

Hypnotism was discussed in two Congresses: the one on Physiological Psychology, and the one on Therapeutical Hypnotism. First there was the usual fight between the Nancy school, and the Charcot, or Paris, school. The first party wants to make it out that hypnotism is all suggestion; but Dr. Gilles de la Tourette put it very strongly when he said, that he could not see what effect suggestion could have over the vesical troubles, or on incoördination; and what must we say of such facts as Professor Charcot has clearly established: as that patients in whom the patellar reflex is absent in ataxia, get more benefit from suspension

than those who have exaggerated reflex action. The latter, indeed, seem to get worse, no matter what suggestion is made to them before suspension. M. Danilewski has hypnotized animals of the most varied kinds: such as guinea-pigs, snakes, lobsters, and frogs. He simply places the animal in an abnormal position, and by means of a slight continued pressure renders it motionless. It becomes insensible and feels nothing, if pinched, and allows chloroform to be administered without resistance. The hypnotic sleep lasts half an hour. It is probable that snake-charmers and lion-tamers are hypnotizers. It seems pretty certain that incontinence of urine and of feces, nervous tics, night terrors, rhythmic chorea, onanism, hysteria, and most of the functional troubles of the nervous system can be modified by hypnotism. An interesting case, described by Dr. Tissier, of Bordeaux, was that of a young woman who had been staying with some rich relations and returned home, as they often do, with a thirst for pleasure and articles of luxury, which her parents could not afford her. From that time she began to have attacks of hysterical intellectual obsession. She could no longer control herself, and said that her heart seemed to her to be suspended by a thread, which she thought would break. She was afflicted with all sorts of fears and hallucinations, during which she saw death passing, etc. This was followed by ideas of suicide, which were engendered by the very fear of it. At other times she was depressed, and would not leave her bed unless forced to do so. In a word she was in a bad state of psychic anarchy, and used morphine to quiet herself. Last year her physician commenced to hypnotize her, as her general health was very bad, and during her hypnotic sleep it was suggested to her that she should rise early and not allow herself to be overpowered by her former fears. As scents are an aid to suggestion in such cases, she was made to inhale a certain perfume (*Corylosis*) and told that its odor would drive away her cares and troubles. After some little time the young woman began to pick up, and she is now almost well, no crisis having taken place for two months, while her physical health is perfect.

—The new maternity ward of the Hospital of the University of Pennsylvania was opened Sept. 5, 1889.

Sept. 14, 1889.

Periscope.

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PERISCOPE.**New Method of Excising the Wrist-Joint.**

Mr. Edward Thompson, Surgeon to the Tyrone County Infirmary, writes in the *British Medical Journal*, July 20, 1889:

Excision of the wrist-joint, even in these days of antiseptic surgery, is an operation not much in favor with most surgeons. It is comparatively seldom practised, probably because, as a rule, the amount of disease which would justify such a very serious proceeding is too extensive to render success probable, while in slighter cases efforts are made to remove limited diseased portions of bone, a proceeding which I have often seen attended with very unsatisfactory results. The operation as perfected by Sir Joseph Lister is, notwithstanding all that can be said in its favor, clumsy and difficult of performance, and includes removal of the whole carpus, resection of the ends of the metacarpal bones, as well as of the ulna and radius. The following case, which has been under treatment in the Tyrone Infirmary, illustrates the change which I propose in the method of performing this operation.

Mrs. I., a strong, healthy, middle-aged woman, living near Dungannon, in the county Tyrone, was admitted into the Tyrone County Hospital, about two years ago, suffering from caries of some of the carpal bodies of the left hand. The diseased and loosened portions of bone were removed by careful gouging, and although there was some improvement, the woman went home very little better than when I first saw her. About five months ago she returned to the Infirmary in a very much worse state of health. She had lost greatly in flesh and strength; the lower part of the forearm and hand were swelled and much inflamed. The slightest motion, even of the fingers, caused intense pain. There were numerous sinuses both on the back and front of the hand and forearm, all of which communicated readily with carious bone. There was also a constant discharge of thin unhealthy pus. The patient was most anxious to have her forearm amputated, as her sufferings were intense. I determined, however, to try and save the hand by removing the diseased bone by a method quite different from the proceeding generally adopted in excision of the wrist. On the back of the hand, and within about half an inch of

its ulnar border there was a large shallow ulcer about the size of half-a-crown. I selected the outer edge of this sore as the site of the incision, which ran between the tendons of the extensor communis and minimi digiti, and was about four inches in length. The edges of the wound were kept apart by retractors, the joint freely opened into, and a full and accurate view obtained of its inner aspect. The disease seemed to be confined to the first carpal row of bones, and to the lower extremity of both the radius and ulna.

A gouge was first introduced into the joint, and the semilunar bone gouged completely away; then each of the neighboring bones was firmly caught by a strong forceps, slowly twisted from its connections and removed. The diseased ends of the radius and ulna were removed by gouging. Subsequently, as there was no difficulty in shoving the extremity of the radius and ulna through the wound, I thought it better to saw both bones straight across immediately above the seat of disease. In order to allow free drainage, a small incision was made on each side of the joint as close as possible to the level of the floor of the joint, and a drainage-tube inserted. The wound was stuffed firmly with iodoform gauze, and dressed antiseptically. A straight splint was placed under the forearm and hand, the palm being supported and raised on a roller bandage instead of a piece of cork, as usually recommended. The case made an uninterrupted and speedy recovery, and the patient has now a good useful hand instead of an unsatisfactory mechanical contrivance.

This case seems to me of some importance, because it well illustrates the success of a plan of treatment which I believe has not been hitherto recommended. The method employed differs widely from the usual operation of excising the wrist-joint. It is easy of performance, free from danger, does not tear or injure any of the tendons, vessels, nerves, or deeper structures. It is quite bloodless, and does not require removal of any portion of bone which is sound and healthy. The opening on each side of the joint I consider essential, as free exit is thus given to any discharge that might possibly collect in the cavity left after removal of the diseased bones. Arthroectomy of joints, with removal of diseased masses of bone by gouging and the chisel, has a large field before it. Quite recently in the Tyrone Infirmary I opened freely into the knee-joint, and gouged away nearly the whole of the

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head of the tibia, draining the joint freely by two large drainage-tubes inserted above and below, and crossing in the joint. The case was a most unfavorable one in every respect, yet recovery was complete, the boy being out of bed in a few weeks, his limb being well supported in a plaster-of-paris case, which was put on immediately after the operation.

The Treatment of Felons.

In an admirable lecture published in the *International Journal of Surgery*, July, 1889, Dr. A. G. Gerster, of New York, makes the following wise suggestions in regard to the treatment of this common trouble :

Such cases as this furnish a very large proportion of the surgical work done by every practitioner of medicine. There is, in my opinion, no better test of the surgical ability of a young physician than his manner of treating just such cases as this one. These inflammatory processes are generally suppurative and take their origin from some superficial injury to the integuments. The wound is either infected at the time of the injury, or it becomes subsequently poisoned by being brought into direct contact with the products of decomposition, as is generally found in the case of laboring men, butchers, cooks, waiters, and others.

A felon of the little finger or thumb is much more to be dreaded than a similar trouble situated on either one of the three middle fingers. In the case of a felon situated on either the little finger or thumb the suppurative process has a very marked tendency to run up to the arm. On the other hand, a felon situated on either of the three middle fingers will ordinarily run no further than the ball of the respective finger and perforate that region.

In order to thoroughly understand this peculiarity it will be necessary to study the anatomical relationship of the tendons and sheaths of these parts. In dissecting the palmar region of the hand you notice, as a rule, that the synovial sheath of the flexor tendons of thumb and little finger run into a common bursa in the palm of the hand. The sheaths of the flexor tendons of the three middle fingers, however, end proximally in a blind sac each. Therefore, when an inflammation attacks the little finger or thumb, the natural direction of the inflammation is towards the point of least resistance. After entering the common bursa of

the hand it will proceed under the carpal ligament to the arm, and you have an inflammation that may, if unchecked, gradually destroy the usefulness of the arm, proceeding from a small focus in the little finger. When inflammation attacks either of the three middle fingers, the pus usually perforates at the ball of the respective finger and does no further damage than what has already been inflicted on the affected finger.

As a felon is an acute suppurative inflammation, developing rapidly in dense tissue, the affected structures will be subjected to very great tension. When the focus is minute, containing but one or two drops of pus, when the patient's temperature is 104° or 105° F., when he has a headache and his tongue is foul and coated, when he has chills and cannot sleep at night, when he complains of a terrible throbbing pain in his hand, there can be no doubt in the mind of an intelligent surgeon that there is some serious trouble brewing, when so small a focus of inflammation throws the sufferer into such a state. If you have all these symptoms the first indication is to relieve that tension at once. The scalpel must be plunged right down to the bone. If it strikes the right spot, when it is withdrawn three or four drops of pus will follow, and that means that the finger has been saved from great danger by this little operation. The man who waits until the entire finger or hand is involved is no surgeon at all. The true conservative surgeon is he who will prevent the loss of a phalanx or a tendon, and will thus avoid the necessity for amputating the finger, hand, or arm.

If tension is relieved the extension of inflammation is prevented, even though the exact spot where the minute focus of pus is situated is not struck. In the palm of the hand is situated the superficial palmar arch; but there are ways by which it can be avoided. The palm of the hand is marked by a number of creases of the skin, that resemble a capital *M*. That portion of the triangle bounded by the lines of this *M*, that occupies about the centre of the palm, is the part to be avoided. It does not comprise more than a square inch.

A classical symptom of all deep-seated acute suppurative inflammations is that the skin over the affected area is abnormally pale in the beginning of the process. In deep palmar suppuration there is pallor with dense swelling. Fluctuation is not found. The guide to the little focus of inflamma-

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tion which may contain but a few drops of pus, is a probe with which to first palpate in a general way so as to locate the place where the greatest pain is felt. When the spot where the greatest pain is felt and the most intense sensitiveness exists is touched, the patient should turn away his head while the surgeon repeats the same process until satisfied that the point of the probe has repeatedly touched the same locality pronounced by the patient to be the most sensitive. Then having marked that exact spot, and, having applied local anaesthesia, a narrow-bladed knife should be plunged in the tissues well beyond the fascia. Should more than a few drops of pus escape, then the puncture must be extended to an incision. In order to prevent subsequent closure of the wound, a small strip of antiseptic gauze should be passed into the aperture on the end of a probe. When a moist dressing has been applied, so as to prevent inspissation and the formation of a crust, the surgeon has performed an act of conservative surgery of higher value to the patient and more creditable to himself than the most brilliant amputation.

Revision of the U. S. Pharmacopœia.

The Committee on Revision of the United States Pharmacopœia of the American Pharmaceutical Association, reported in favor of incorporating in the next revision the principle "solids by weight, and liquids by measure," for preparations employed by measure, or for internal use. The report of the committee was adopted as the sense of the American Pharmaceutical Association by a large majority, though some of the foremost champions of the "Continental idea" died hard. The sterling good sense of the pharmacists who occasionally make their own tinctures and therefore know the impracticability of the present Pharmacopœial system prevailed over the theorists and amateurs, and the pharmacists of America may congratulate themselves over soon having a Pharmacopœia to work by without being compelled to refer to the ponderous Dispensatories whenever a preparation is to be made.

According to the terms of the report the retention of the metric system is favored, but left in the hands of the Committee of Revision for such application as may be desirable. While outspoken against "parts by weight," the committee evidently cared

not to hamper the convention next year, and purposely refrained from detailing the plan, thus leaving it open to act according to its best judgment.—*Western Druggist*, July, 1889.

Venesection in Puerperal Eclampsia.

At the meeting of the Ontario Medical Association, June 5, Dr. McKinnon read a paper on venesection in puerperal eclampsia, in which he drew attention to the fact that this is no new treatment, but rather a return to old practice. He warned the younger members of the profession against placing any confidence in bromide of potassium, or even chloral, in eclampsia. The inhalation of coloroform he considers a very valuable remedy or adjuvant, but would not rely on the fashionable treatment by hypodermics of morphine. Dr. McKinnon is inclined to believe that venesection saves more lives in puerperal eclampsia than all other remedies. He believes the patient dies from brain pressure, due to serous effusion, hemorrhage, or edematous infiltration, and that venesection is the most effective method of preventing this brain pressure. The patient should be bled to the extent of a pint or more. As an evidence of this intra-cranial pressure during a convulsion, Dr. McKinnon referred to the occurrence of sub-conjunctival and retinal hemorrhages which he has frequently seen. Dr. McKinnon does not advocate venesection as a measure to arrest the convolution, but, by diminishing the tension on the cerebral vessels, to disarm the convolution of its fatal power.

Dr. McKinnon gave the following guide to treatment when called to a case of puerperal eclampsia:

1. Bleed the patient, if convolution be severe or followed by coma.
2. Control the convolution with chloroform.
3. If the patient be at full term, take steps to terminate labor as quickly as possible.
4. Administer an active purgative: Epsom or Rochelle salt.
5. If the convulsions recur, give a large hypodermic of morphia.

Dr. McKinnon closed his paper with a report of seven cases of puerperal eclampsia occurring in his own practice; they all recovered, venesection being employed in six of these cases.

Dr. Richardson said he believed venesection to be the sheet anchor in the treatment of puerperal eclampsia, not altogether to

prevent extravasation, but to reduce the total quantity of poison in the system.

Dr. Holmes, in addition to venesection, recommends the use of diaphoretics; he would not bleed in markedly anemic subjects, but would use other remedies.

Hot Water in Fractures.

The *Bulletins et Mém. de la Soc. de Chirurgie de Paris*, April 1889, contains a report by M. Chauvel upon Darde's method of treating fractures near the joints with hot water. Impressed with the advantages of elastic compression and massage in traumatic effusions of the blood, Darde believes that it is possible to hasten matters still more, and to simplify them, by using hot water alone. He first tried the treatment in sprains, and he now advises it for fractures. Hot water is employed in local baths, if possible, beginning with water at a temperature of 113° F., and increasing it to 118° or 120° , maintaining it at this temperature for from twenty-five to thirty minutes. Certain patients bear water at a temperature of 122° and even 124° . The baths are repeated once or twice a day. If local baths cannot be employed, dripping compresses of several thicknesses, with the water at a temperature of 118° or 122° , are employed, and they are renewed frequently during half an hour. Prolonged vapor baths have without doubt the same effect.

The immediate phenomena produced are: a very vivid reddening of the skin, rapid disappearance of the pain, and a slight and transient swelling of the part. In about four or five days resolution of the effusion is obtained, and acute pain is no longer produced, except at the seat of fracture. If care is taken to move the joints and the neighboring tendons often enough and with due caution, cure results rapidly. Darde gives an account of a case of fracture of the lower end of the radius, in a man twenty-four years old. After baths at a temperature of 120° F. had been employed for four days, the swelling disappeared, and pain was no longer felt, except at the seat of fracture. Some progressive movements of the fingers and of the wrists, combined with temporary immobilization of the part, resulted in an apparently complete cure in twenty days. It was only, however, after two months that the patient resumed his work.

Chauvel speaks in regard to the efficiency of the method with reserve. He refers to another case in which the hot water treatment was used with apparently excellent results. In this case, the patient fell from his bicycle in such a way that the left foot was carried strongly outward, at a right angle with the limb, and the fibula was fractured. Baths with massage were employed until the ninth day after the accident, when the diminution of pain and swelling was such that the seat of fracture—which was about two and three-quarter inches above the external malleolus—could be easily felt. A dressing of silica was applied for two weeks, and was then replaced by a second bandage, after the tibio-tarsal joint had been moved. When the last dressing was removed, six weeks after the fall, the fracture had healed and walking was possible, but slow and still painful.

Chauvel remarks that while the result was satisfactory, it must be remembered that the treatment employed consisted of massage, temporary immobilization, and early movement, combined with the hot baths. The hot baths, he says, are useful against the initial swelling and local pain, but do not seem to exercise a notable influence upon the rapidity of recovery.

Rupture of the Uterus: Labor Four Years Afterward.

Dr. Deutsch contributes to the *Centralblatt für Gynäkologie*, XIII, 14, 1889, an account of a case in which a woman, eight months pregnant, fell and ruptured her uterus. The fetus was removed by laparotomy, and the cavity of the uterus was drained through the belly wound. Four years afterward, when the woman was near the end of another pregnancy, an entire absence of labor pains, combined with hemorrhage from the site of the placenta, made it necessary to bring on premature delivery and to extract the child. A profuse post-partum hemorrhage occurred, and was controlled by tamponing the cavity of the uterus. The patient fortunately survived. The placenta occupied the anterior wall of the uterus, in the position of the old scar. Both the absence of efficient pains and the subsequent hemorrhage are attributed by the author to adhesions between the uterus and the belly wall.—*Schmidt's Jahrbücher*, July 15, 1889.

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THE
**MEDICAL AND SURGICAL
 REPORTER.**

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 NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
 When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.

The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

BEEF PREPARATIONS AS FOOD.

Preparations of beef have always been generally regarded as being in some way helpful to the process of nutrition. They are among the first things that present themselves to the minds of most practitioners who are seeking some substance with which to sustain a patient passing through a siege of typhoid fever, or suffering from any other adynamic condition of the body. Such is the prevailing belief concerning the supporting value of these preparations; but the manner in which they exert this influence—whether as a stimulant or as a nutritive—has not until quite recently been known. All our text books on physiology, therapeutics, and pharmacology rate them as stimulants, and some authors even go to the extent of saying that, because they contain nothing but salts and waste organic extrac-

tives, they are of no value whatever—being, in fact, considered no better than urine, in which these salts and extractives are also found. Such an opinion seems to be supported, too, by feeding experiments, which have been made with beef extracts, during which it is claimed that the animals fed with these substances died more quickly than those which were left to absolute starvation.

In spite of these objections, which are more of a theoretical than of a practical nature, beef preparations have not suffered in popularity, and we are just beginning to see the reason for the faith which has prompted the profession in holding on to them under such trying circumstances. Experimental physiology has come to the fore, and confirmed the belief, derived from empiricism, that they are nutritive agents, and has again demonstrated that its methods are more keen and reliable in solving such problems than those of the more abstract science of chemistry. This fact has been recently demonstrated by experiments which have been made by two women—Misses Popoff and Brink—in Professor Kronecker's laboratory, in Berne: an account of which is published in the last number of the *Zeitschrift für Biologie*. These experiments are very valuable, not only because of the intrinsic importance of the subject, but also because they were conducted under the direction of one of the most thorough physiologists in Europe, as all those know who have worked under the inspiring leadership of Professor Kronecker.

The method of investigation which was, we believe, originally suggested by the eminent Professor, consists in taking the frog's heart as a medium with which to test the nutritive value of any substance. It is well known that this organ, when isolated and transfused with a blood-solution, will continue to beat for a number of hours in succession. It is quite otherwise when it is transfused with a solution of common salt, or of any other non-nutritive agent. Under such influence it will cease to contract; but,

if it is now filled with a solution of blood, it will revive and beat as vigorously as at the beginning of the experiment. Now any substance which has the power of rehabilitating the heart's contractions in this way is regarded as a nutritive agent; and, among all the dietetic materials which have so far been shown to possess this power, besides blood, are: milk, albumin, gelatine and most beef extracts. Misses Popoff and Brink go further in the same direction, and show that when peptones, which do not possess the power of maintaining the heart's contractions, and hence are not nutritious, in their raw state—so to speak—are subjected to the gastric or intestinal digestion of a living dog for fifteen minutes, they become transformed into a material which is endowed with the power of reviving the heart's pulsations. This is a discovery of immense importance to practical medicine, for it shows that a substance may have a certain action outside of the body, and acquire quite different properties when acted on by the glandular epithelium of the living alimentary canal.

In endeavoring to arrive at correct opinions concerning this matter it must be remembered that Dr. Mays, of this city, in an article on the physiological action of kreatin, kreatinin and their allies, in the London *Practitioner*, vol. 39, page 257, shows that kreatin, kreatinin, hypoxanthin, and xanthin, which are constant components of all beef preparations, also possess nutritive properties when transfused through the heart. Due allowance must therefore be made for the action of these agents, especially for that of the first two, in estimating the results obtained from experiments such as those described above.

BAKING-POWDERS.

A matter in which physicians must feel a lively interest, and one about which their opinion is likely to be asked at any time, is that of the relative wholesomeness of different baking-powders. The mind of the

community has been somewhat inflamed during the past few years by the advertisements of rival manufacturers, and an impression has got abroad that many baking-powders are dangerous to health and even to life. The consequence has been an investigation under the direction of the Department of Agriculture of the United States. This useful function has been discharged with prudence, and its results cannot fail to be of great service.

The investigation which has been conducted by the chemists of the Department has just been completed and the results compiled in a bulletin form. The analyses of a large number of samples of various baking-powders lead to conclusions which are not calculated to create any general alarm lest the American people should suffer injury to health from the use of baking-powders. At the same time they show the error of the popular impression that all the chemicals used in the production of baking-powders are expelled during the process of baking. As to the character of the residue left in the bread, and its effect upon health, the bulletin assigns the decision of that important point to the physicians, holding that the strict line of duty of the chemist ends with revealing the constituents.

The analyses of twelve powders are given, their selection being based upon the proportion of available carbonic acid, which, in conjunction with the minimum of alkaline residue, is the great test of excellence in baking-powders. Although the investigations show that even with the best of tartrate powders the residue remaining in one loaf of bread prepared with it was of the same character as Seidlitz powder, and in quantity exceeded that of an ordinary Seidlitz powder by over 50 per cent., still, in this, as in most cases, the character of the residue in the proportion found cannot be regarded as hurtful. This is the more obvious when it is borne in mind among how many persons one loaf of bread is usually divided.

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These results will serve to encourage those who have had too great fear of the use of baking-powders, which are so convenient to housewives, and which, if prepared with any reasonable care, are perfectly safe to use.

In saying this we call attention to the fact that, in investigations of this sort, the newly established Department of Agriculture may find its most useful office. Its investigations may come to take the place of the private analyses to which the public has heretofore been accustomed, and which, in too many instances, have been utterly fraudulent—a shame to the commercial enterprise and a disgrace to the scientific standing of the country.

FLAP-SPLITTING OPERATION FOR LACERATION OF THE PERINEUM.

Among the various procedures which have been devised for the repair of lacerations of the perineum, the flap-splitting method occupies a prominent place. This method has been employed and commended by such prominent operators as Simpson, Hart, Tait, Singer, Martin, Zweifel, Parvin, and Mundé. The originator of the operation appears to be unknown, it being credited to several men. As would be expected, almost every operator uses a slightly different technique, making such changes as are demanded by the individual case, or as suit the fancy.

It should not be forgotten that the method is recommended both for so-called incomplete, and for complete tears of the perineum. Upon theoretical grounds the method seems admirably adapted to the cure of complete lacerations. As is well recognized, in complete lacerations, the injury almost always consists in a *median* tear. This involves the entire depth of the perineal body—from the posterior commissure of the vulva, into the rectum—and extends for a variable distance up the recto-vaginal septum. Hence, the levator ani muscle is slightly, if at all, involved in the injury. The shallow incisions which are made, are deep enough to

lay bare the retracted ends of the divided muscles—usually the bulbo-cavernosus, transversus perinei, and sphincter ani—so that when the suturing is complete these divided ends are brought more or less closely together, and the parts are restored approximately to the normal condition. Union of the sundered ends of the muscles is doubtless more often mediate than immediate; but the muscle upon each side is attached to the intervening scar tissue, and in this way its function is restored. Thus the operation rests upon a sound, anatomical basis; and from the practical stand-point, it is to be commended, because it can be performed with comparative ease and rapidity, and most of all because the results obtained are very satisfactory. The method also has the advantage of sacrificing no tissue, so that in case union is not obtained, the woman is little if any worse off than before the operation. Success has been obtained by this method after failure by the more customary plans; and undoubtedly it offers great advantages in cases in which much tissue has been lost, whether by sloughing, or by means of the surgeon's scissors.

It seems, however, that the flap-splitting operation is not so well adapted to the repair of so-called incomplete lacerations. It is now generally admitted that the injuries which are classed under the general title of incomplete lacerations of the perineum vary greatly in extent, in the anatomical structures involved, and hence in their effects. We find classed under the same head median lacerations, involving only the skin and perhaps the superficial muscles and connecting tissues, with deeper lacerations, which extend up one or both sulci and involve more or less of the levator ani muscle. Yet all practical men recognize that these injuries are essentially dissimilar. The one is a comparatively trivial accident, causing perhaps subinvolution and an open vaginal entrance. The other destroys the supporting action of the pelvic floor, and often entails retroversion and prolapse of the uterus, cys-

tocele and rectocele, upon the unfortunate woman who has suffered from it. For the repair of median lacerations of slight degree—that is for lessening the size of the introitus—the superficial incisions, recommended for the flap operation, are probably sufficient; for usually the operation can be classed as cosmetic, or at most it aims to bring together the superficial muscles. But anatomical considerations should prevent the most sanguine operator from expecting to repair lacerated muscles and other structures situated within the pelvis, by a superficial operation made upon the skin surface of the perineum. How can an incision one-fourth of an inch in depth, made from the skin surface, lay bare the ruptured levator ani, or sutures then introduced bring together its severed parts and restore its function?

In the *American Journal of Obstetrics*, July, 1889, in a plainly written and well-illustrated article, Mundé gives the technique of the flap-splitting operation and also his experience with it. He commends it most highly for the cure of lacerations extending into the bowel, and also for what he calls uncomplicated incomplete lacerations, but considers it inapplicable when rectocele is present. It seems important to bear this distinction in mind, that is if anatomical considerations are to have weight in perineal surgery. An objection to the flap-splitting operation in some cases is that the scar tissue is not removed. This scar tissue at times causes neuralgia, and in such cases it should be excised. The status of the flap-splitting method applied to incomplete lacerations is unsettled, but at the present time its field of usefulness appears to be limited to superficial injuries.

HOT AIR TREATMENT OF PHthisis.

The plan proposed by Weigert for the treatment of phthisis with inhalations of very hot air was noticed in the *REPORTER* about a year ago, and again April 6, 1889. On May 25, our letter from New York contained the statement that the method, after

a fair trial at Bellevue Hospital, was apparently not a success.

The hopes entertained in regard to the method have in fact followed those raised by Bergeon's method—which is, perhaps, not yet forgotten. Worst of all the failure is accompanied by assertions of Dr. Jacobi that Weigert had made an improper use of his name in pushing the method; that the method was not original with Weigert, and that in the method the very conditions claimed to be efficient are missing.

Such a denunciation leaves little of Weigert's theories and less of his practice.

DEFECTIVE CLINICAL EXAMINATIONS.

At a meeting of the General Medical Council of Great Britain, a member has taken occasion to call attention to the way in which the clinical part of some of the examinations has been conducted. Of 190 cases supplied at two examinations of the Conjoint Board of England, as material for the students' examination, one-third were cardiac and one-eighth of the balance were phthisical. The group of cases was comprised within a narrow range of chronic and generally hopeless patients, giving no adequate idea of variety and curability of cases in the ordinary every-day life of the practitioner. The following types of disease were unrepresented: 1, the infectious and zymotic, 2, the diseases of infancy, 3, insanity, 4, puerperal complications, 5, diseases of the eye, 6, the minor or ordinary troubles. The art of prescribing was another subject upon which the examined students exhibited a lamentable ignorance; the majority of examining bodies not demanding any knowledge on this subject.

Dr. Glover made a motion in Council that the examining bodies should be advised to question the candidates upon the "common diseases" and their treatment. The *Montreal Medical Journal* makes a comment on the proposed remedies for these defects, to the effect that the systematic lec-

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tures fill too large a share of the students' time and attention, and that they may profitably be curtailed. The undue prominence of didactic tests and teachings, therefore, is a fault which is felt on the other side of the Atlantic as well as on our own shores.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the *REPORTER*.]

LECTURES ON BRIGHT'S DISEASE. By ROBERT SAUNBY, M. D. Edin., F. R. C. P., London, etc. 8vo, pp. 290, with fifty illustrations. New York: E. B. Treat, 1889. Price, \$2.75.

This volume contains a series of extremely valuable and interesting lectures on Bright's Disease. The first seven chapters are devoted to a discussion of the pathology of the chief symptoms of the disease, such as albuminuria and cardio-vascular changes; and at the end of each chapter is a brief summary of the conclusions arrived at. This is an admirable feature of the book. The eighth chapter is taken up with an account of the clinical examination of the urine, while the succeeding seven chapters are given to Bright's disease and its treatment, and conclude the book. An excellent bibliography of the special topic of each chapter is appended to it.

The statements of the author are throughout clear, concise, and direct, and they seem to be the result of careful consideration. In the chapter on "The Treatment of Lithameric Nephritis," he makes a remark on the liability to try to do too much in the way of treatment, which deserves to be quoted. "If a patient," he says, "suffering from chronic Bright's disease is in fair general health, and the discovery of the lesion has been made more or less by accident, so to speak, we should be careful to do nothing that will worsen his condition by over vigorous treatment or too severe regimen, but should be content to relieve the symptoms of which he complains, if it is in our power to do so, while at the same time we endeavor to regulate his habits and mode of life in conformity with principles deduced from our knowledge of the etiology and pathology of his disease." This suggestion is in keeping with the general good sense which marks the book, and we can cordially recommend it to our readers.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By ROBERT FARQUHARSON, M. P., M. D., Edin., F. R. C. P., Lond., LL. D., Aber., Late Lecturer on Materia Medica at St. Mary's Hospital Medical School, etc. Fourth American, from the Fourth English Edition. By FRANK WOODBURY, A. M., M. D., etc. 12mo, pp. vi, 579. Philadelphia: Lippincott Brothers & Co., 1889. Price, \$2.50.

We regret to say that this book is not a satisfactory "Guide" to therapeutics and *materia medica*. Too much space is taken up with the mere names of remedies which, though they are recognized in the British and United States Pharmacopoeias, are so rarely prescribed that it would be better to omit mention of them in all but systematic works on therapeutics, and give the space thus saved to a full discussion of remedies in

every-day use. The American Editor states in his preface that the book is "a miniature dispensatory." This statement is not borne out by the contents; which are incomplete in some very important points. No mention at all is made, for example, of many valuable drugs. Of these we may name acetanilide (antifebrin), salol, and sulphonal.

The book, of course, contains much information that is valuable; but most of it can be obtained to better advantage in other works upon the same subject. It is so manifestly behind the time in important respects that it is entirely unworthy to be recommended to our readers.

SYNOPSIS OF HUMAN ANATOMY, BEING A COMPLETE COMPEND OF ANATOMY, INCLUDING THE ANATOMY OF THE VISCERA AND NUMEROUS TABLES. By JAMES K. YOUNG, M. D., Instructor in Orthopaedic Surgery and Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. 8vo, pp. ix, 393. Philadelphia and London: F. A. Davis, 1889. Price, \$1.40.

The author states in his preface that the object of the book is to furnish a "concise though complete" synopsis of human anatomy. In this he has partly succeeded. His book is quite complete, but it is hardly concise. It contains a great deal of matter which, we believe, will prove embarrassing to the student; and a number of its details would be more appropriate to a larger book, in which there would be space to explain them. But though the author has not attained to our notion of conciseness, it is only just to say that his statements and descriptions are accurate, and for the most part both clear and concise; and that his book seems calculated to prove a safe guide—so far as he intended—to the student in anatomy.

A MANUAL OF INSTRUCTION FOR GIVING SWEDISH MOVEMENT AND MASSAGE TREATMENT. By PROF. HARTVIG NISSEN, Director of the Swedish Health Institute, Washington, D. C., etc. 12mo, pp. vi, 128. With twenty-nine original wood engravings. Philadelphia and London: F. A. Davis, 1889. Price, \$1.00.

The author gives a very concise description of the movements employed in treating a patient by Swedish movement and massage, and then shows how to apply these in various constitutional and local diseases. At times he sacrifices clearness to brevity, and the illustrations do not always give as good an idea of the movements as might be desired. The tone of the book, however, is moderate, and much information is given in regard to matters which the general practitioner is now expected to understand. The opportunity to employ the movements upon patients undergoing the rest cure will probably come to only a few; but any one may have occasion to use them in cases of stiff joints, contracted muscles, chronic rheumatism, and in aches and pains of various kinds.

The book treats of an important subject, and will repay the time spent in reading it.

—Dr. T. F. Linn, a graduate of Rush Medical College in 1864, and a widely-known practitioner in Bourbon, Ind., was the victim of an aggravated assault, September 4, 1889. His assailants were a woman patient, and her brother. It is said that the doctor took advantage of a professional visit to "betray" the woman, who was a wife. After this, a trap seems to have been laid for him, and the assault committed. Sulphuric acid was thrown into his eyes, and he was given a terrible whipping.

PAMPHLET NOTICES.

[Any reader of the *REPORTER* who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage-stamp.]

306. RELATION BETWEEN TROPHIC LESIONS AND DISEASES OF THE NERVOUS SYSTEM. By E. C. SEGUIN, M. D., New York. From the *Journal of Nervous and Mental Diseases*, Sept., 1888. 10 pages.
307. CONTRIBUTION TO THE DIAGNOSIS AND SURGICAL TREATMENT OF TUMORS OF THE CEREBRUM. By R. F. WEIR, M. D., and E. C. SEGUIN, M. D., New York. From the *Amer. Journal of the Med. Sciences*, July, August and September, 1888. 48 pages.
308. DESIGN FOR AN APPARATUS FOR PNEUMATIC TREATMENT IN HOSPITALS. By SOLOMON SOLIS-COHEN, M. D., Philadelphia. From the *New York Medical Journal*, Feb. 23, 1889. 6 pages.
309. LACERATED CERVIX UTERI AS TREATED AT THE UNIVERSITY HOSPITAL BY PROFESSOR WILLIAM GOODELL. By LEWIS H. ADLER, JR., M. D. From the *New York Medical Journal*, March 2, 1889. 9 pages.
310. LEGAL RESPONSIBILITY OF INEBRIATES. By JOSEPH PARRISH, M. D., Burlington, N. J.—UNALTERABILITY OF STRYCHNINE IN THE BODY AFTER DEATH. By ALFRED H. ALLEN, F. I. C., F. C. S. *Proc. of Medical Jurisprudence Society of Philadelphia*. 1888. 5 pages.
311. INSANITY OF OSCAR HUGO WEBBER. By J. HENDRIE LLOYD, M. D., Philadelphia. *Proceedings Medical Jurisprudence Society of Philadelphia*, 1888. 5 pages.
312. THE RELATION OF THE NASAL AND NEUROTIC FACTORS IN THE AETIOLOGY OF ASTHMA. By F. H. BOSWORTH, M. D., E. S. SHIRLEY, M. D., W. H. DALY, M. D., and ANDREW H. SMITH, M. D. From the *New York Medical Journal*, Jan. 19, 1889. 20 pages.
313. ON SOME MILD MEASURES IN THE TREATMENT OF INTRA-NASAL HYPERPLASIES AND INFLAMMATIONS. By W. H. DALY, M. D., Pittsburgh, Pa. From the *Medical and Surgical Reporter*, Nov. 17, 1888. 6 pages.
314. REPORT OF A CASE OF HYSTERO-EPILEPSY IN A MAN. By LEWIS H. ADLER, M. D., Philadelphia. From the *Medical News*, March 9, 1889. 7 pages.
315. THIRD ANNUAL REPORT OF THE BOARD OF HEALTH OF KEOKUK, IOWA. By J. M. SHAFFER, M. D., Keokuk, Iowa. Keokuk: Press of the Gate City, 1889. 43 pages.
306. This admirable paper was read before a joint meeting of the Association of American Physicians and the American Physiological Association last year, and contains a careful and scholarly argument, leading up to the conclusion that disease of the nervous system produces true trophic lesions when it interferes with the associated or inter-dependent life of contiguous tissues.
307. This pamphlet contains an account of a case in which, in a patient of Dr. Seguin's, he diagnosed a tumor of the brain, and Dr. Weir successfully removed it. The history of the case—both medical and surgical—is well given, and this is followed by a scholarly and full study of the subject of tumors of
- the brain and their treatment. The whole is a very valuable contribution to the subject it discusses.
308. Dr. Cohen, who is well known as a writer on pneumatic treatment, describes a simple and practical method of applying the principles which he and many other students of lung diseases believe to be useful. His apparatus deserves careful attention from those who desire to adopt these principles in hospitals.
309. This is a very interesting pamphlet giving the methods pursued by Dr. Goodell in treating lacerated cervix. It is well written and contains two good illustrations.
310. These are two interesting papers. One is by a sanitarium physician who thinks inebriety is a disease and carries this to an extreme which we think only sanitarium and asylum physicians do. The other paper is short, and describes a case in which strychnine was found in the residue of the viscera of a person more than seven years after his death.
311. Dr. Lloyd gives an account of a case which attracted a great deal of attention a few years ago in this city. The courts held that Webber was sane, and he was convicted of murder and was hung. Dr. Lloyd was engaged by the defense to examine him, and testified that he was insane. His pamphlet describes the case and defends the theory in regard to which he holds.
312. This pamphlet contains a paper read by Dr. Bosworth before the American Clinatological Association, in 1888, and remarks by the other men whose names appear on the title-page. It covers too much ground to be epitomized, but its scope can be gathered from its title. Its contents are interesting and instructive as the expression of opinion of experienced specialists.
313. As this paper was published in the *REPORTER* it is hardly necessary to describe it to our readers. It advocates mild scarification of the mucous membrane of the nose for the relief of hypertrophies and inflammations, and describes a few cases in which they were successfully employed by Dr. Daly.
314. Dr. Adler gives an account of a case under the care of Dr. H. C. Wood, while Dr. Adler was a resident in the Hospital of the University of Pennsylvania. It is interesting and instructive, because hystero-epilepsy in men is rare, and well studied cases are rarer still. One of the few well studied cases is described in an Editorial on this subject, in the *REPORTER*, May 25, 1889.
315. This report covers the year from March 31, 1888, to March 31, 1889. It indicates an active interest in matters of hygiene and public sanitation on the part of the Board of Health of that enterprising town—Keokuk, and shows that there are men there who are awake to its needs and ready to suggest measures to supply them.

LITERARY NOTES.

—*Scribner's Magazine* for September is one of the most interesting and attractive numbers which has appeared for a long time. It contains an exceedingly well written and well illustrated article on Safety in Railroad Travel, by H. G. Prout, which cannot fail to interest all travelers.

—A journal called the *Revista Medica de S. Paulo* has just been started at São Paulo, Brazil. It is to be issued once a month, and each number will contain 32

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octavo pages. It is to be a general medical journal and to represent the local profession, which is both numerous and cultivated. The number before us is very interesting and gives promise of vitality and usefulness.

CORRESPONDENCE.**Iodide of Potassium and Chlorate of Potassium.**

TO THE EDITOR.

Sir: If not trespassing too much upon your space I would reply to Dr. Johnson's letter, in the *REPORTER* of August 31, in which he says that no doubt I am an "alarmist" when the question is about administering to patients a mixture which, according to good authority, is poisonous in its nature and dose. It would be fortunate for humanity and the reputation of the medical profession were more of its members "alarmists" in this sense.

With many thanks to Dr. Johnson for his advice, I prefer safer routes for my patients. I do not think it advisable to treat "all diseases of the mucous membrane of the mouth and throat, from diphtheria down" —a truly sweeping category—with any one specific, no matter how illustrious the name by which it is suggested.

With many thanks for your courtesy,

I am, yours truly,

W.M. C. KLOMAN, M.D.,
1519 John St., Baltimore, Md.
Sept. 2, 1889.

NOTES AND COMMENTS.**Priapism of Several Years' Duration.**

Wm. H. Dukeman, of Los Angeles, Cal., in the *Pacific Medical Journal*, August, 1889, says: The term priapism is usually applied to a unnaturally prolonged erection of the penis with or without sexual desires. In the case I here report, there was a total absence of desire for copulation, but an almost maniacal desire to have the passion satisfied in a very unnatural way. The history of the case is as follows: Nearly a year ago a stranger consulted me, stating that he suffered intensely with stricture. He was a tall, muscular Englishman, thirty-four years of age. His general appearance was that of a man laboring under some mental depression. His features looked more or less pinched, and he was somewhat anemic.

On examination, his penis was found in a rigid state of erection, and on inquiry, he told me it had been persistently so for five months, and previously so at stated intervals for two or three months at a time for years. The organ measured eight inches in length on the dorsum, twelve inches from the bulb, and seven inches in circumference; and was tattooed in various designs such as serpent heads, coat of arms, anchors, etc.

I could get no positive information from him as to the cause of his trouble. He would not allow any surgical treatment whatever for his relief. I prescribed anti-spasmodics and anaphrodisiacs and told him to call again in two days. The next day his father revealed the cause of the trouble, which seems to bear consideration. His father was an officer in the English army and stationed at the Solomon Group of islands in the South Sea. While stationed there his son at seven years of age was stolen by the natives and was not recovered until he was eleven. According to his father's story the natives used his son as an idol, and practiced with him the habit so common among them, viz.: that of satisfying their sexual passions by the act of suction, which they practice upon each other. This desire and habit grew on the young man, and at times his penis would become in an abnormal state of unusual rigidity of violent and continuous spasms, lasting for several days, during which he would suffer intense pain. His only relief from this miserable condition was for him to have his passion satisfied by practicing the act upon his father.

At the age of sixteen he was married, and subsequently became the father of four children. During his married life he enjoyed good health and was comparatively free from these attacks. After the death of his wife, which occurred about nine years ago, his malady returned with more violence than ever, and for nine years he has been growing worse. The old passion returned with overwhelming acuteness, and during these times he would fall into a hysterical, or trance-like state and remain for several hours. He is called a spiritual medium of unusual attainments, and has given seances in various places along this coast. I found that he could be hypnotized by placing one hand on the nape of his neck and the other over his eyes. I put him in this mesmeric condition and he remained so for one hour, during which time the organ was as rigid as

before; and while in this state he would talk of the natives of the islands where he was taken captive and of their peculiar habits.

He was under treatment for six weeks. I tried various remedies with no benefit. His trance-like condition grew more frequent, and he refused any further treatment. I saw him a short time ago and he said he was growing worse, but would not consent to undergo any further treatment. He said sexual intercourse only aggravated his trouble, and his only relief from pain was his old habit. The priapism remained as persistent as ever. I could discover no spinal lesion. He was able to work. In conversation he used intelligent language, but there was some aberration of the mental faculties.

The editor of the *Pacific Medical Journal* adds that the person referred to is now in San Francisco dying of consumption. It is alleged that a few weeks ago an attempt was made to strangle him, because he refused to surrender certain compromising papers in his possession, relating to a young gentleman relative. The affair was quieted, however, and no arrests were made.

Treatment of Wounds with Sugar.

Dr. J. Dannheisser, of Landau, contributes to the *Deutsche Zeitschrift für Chirurgie*, xxix, 4, 1889, an article on the treatment of wounds with sugar, and its results. The experiments upon which the paper is based were conducted in the Strassburg surgical clinic, and cover a period of five years. In addition to iodoform and sugar—one part to ten—which was used in many specific tubercular processes, pure sugar in fine powder was used alone. The sugar was placed in a sack made of muslin which had been freed from its fat and sterilized; and the sack was laid directly on the wound. No sublimate and no carbolic acid came in contact with the dressing. The progress of the wound thus treated is said to have been usually very satisfactory, if no considerable suppuration occurs. It presented a good appearance under the dressing; the skin in the neighborhood was not irritated, and only occasionally, when there was profuse secretion, was eczema observed. The first dressing remained on ordinarily from six to eight days. Sugar was also employed by sprinkling it directly on the wound, especially

when it was desired to free the latter from membrane and of odor, and to promote vigorous granulations.

Dannheisser concludes that sugar has an advantage over most dressings in that, after the wound has been once disinfected with corrosive sublimate following complete operations, no poisonous substance comes in contact with the body. Those wounds especially take a favorable course under the sugar dressing which may be expected to heal by primary union: such as fractures, and all wounds which heal by firm granulation. The same is true of all superficial wounds which are easily accessible.—*Schmidt's Jahrbücher*, July 15, 1889.

Association of American Physicians.

The fourth annual meeting of the Association of American Physicians will be held in the Medical Museum and Library, Washington, D. C., September 18, 19, and 20, 1889. The programme announces a President's Inaugural Address, by Francis Minot, Boston; and papers as follows: The Early Stage of General Paralysis, by C. F. Folson, Boston; Tetany, by James Stewart, Montreal; Tetany and a New Theory of its Pathology, by John T. Carpenter, Pottsville; Thrombosis of the Cerebral Sinuses and Veins, by A. B. Ball, New York; Chylous Effusions into Serous Cavities, by S. C. Busey, Washington; Substitutes for Opium in Chronic Diseases, by J. F. A. Adams, Pittsfield; Remarkable Case of Slow Pulse, by D. W. Prentiss, Washington; Discussion on the Relation between Chlorosis, Simple Anæmia, and Pernicious Anæmia, including Leucocythaemia and Hodgkins' Disease, by Frederick P. Henry, Philadelphia, and F. Forchheimer, Cincinnati; Primary Cancer of the Duodenum, by E. N. Whittier, Boston; Primary Cancer of the Gall Bladder and Ducts, by John H. Musser, Philadelphia; Gastric Neurasthenia, by G. M. Garland, Boston; Specimens from Two Cases of Cretinism, by W. F. Whitney, Boston; The Anatomical and Physiological Relations of Lesions of the Heart and Kidneys, by H. F. Formad, Philadelphia; The Contagium of Diphtheria, by P. Gervais Robinson, St. Louis; A Supplementary Inquiry into the Frequency with which Lead is Found in the Urine, by James J. Putnam, Boston; Discussion on the Relations of

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Rheumatism to Rheumatoid Arthritis, by William Osler, Baltimore, and Morris Longstreth, Philadelphia; How Far may a Cow be Tuberculous before the Milk becomes Dangerous as a Food Supply? by Harold C. Ernst, Jamaica Plain; The Bacillus Tuberculosis, by J. T. Whittaker, Cincinnati, and Hot Air Inhalations in Tuberculosis, by E. L. Trudeau, Saranac Lake.

Tri-State Medical Society.

A circular, signed by Frank Trester Smith, M. D., Secretary, and dated Chattanooga, Tenn., August 8, 1889, states that the members of the medical profession in Alabama, Georgia, and Tennessee are requested to meet in Chattanooga on the third Tuesday in October, for the purpose of forming a Tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular Medical Colleges in good standing. This call is signed by committees from the Jackson County, Alabama, Medical Society; the Chattanooga and Cleveland, Tenn., Medical Societies, and the Cartersville and Dalton, Ga., Medical Societies. The organization will be independent of all other societies. It will be an association of individual members of the Profession of Medicine, and will be managed in the interest of medical progress. Papers of interest by prominent men have been promised.

The session will continue two days. Those who desire to read papers or exhibit specimens should notify the Secretary at an early date.

Another circular will be issued in due time announcing the titles and authors of papers.

Hydrophobia.

The *Lancet*, Aug. 17, 1889, reports an extraordinary case of hydrophobia as having recently occurred near Sheffield. It appears that an iron-moulder named Parkins died after several days' acute suffering, although there was no evidence of his ever having been bitten by either a dog or a cat. The doctor's opinion was that the malady was caused by the deceased having been licked by a dog on the face, at a spot where he had cut himself by shaving.

The same paper reports that a military

surgeon at Kustendje had been bitten by a soldier under treatment for hydrophobia. The surgeon had gone to Bucharest, to be treated at the Institute for Bacteriology.

Case of Hydrophobia.

Hydrophobia is supposed to have caused the death of William H. Hoagland, of 71 State street, Newark, September 2, 1889. He was 22 years old, and was a clerk. Two months before, a dog ran into the store and frightened the customers by its wild actions. Hoagland tried to drive it out, and tripped over a box. As he lay prostrate on the floor, the dog bit him on the forehead. The skin was abraded merely, and Hoagland did not believe he had been bitten. He thought the dog scratched him with its paw. Nevertheless, he called upon a doctor, and had caustic applied to the scratches. He thought nothing more about the matter, and was not in the slightest degree frightened. Early in the week beginning August 25, he began to be troubled by a soreness and contraction of the throat. It was not severe, however, and he attributed it to a cold. On August 31, at night, he asked for a dose of bicarbonate of soda in a drug store near his house, and on getting it, he found great difficulty in swallowing it. Yet he thought nothing of the dog bite, and went home in an undisturbed state of mind. During the night the choking sensation in his throat became so pronounced that he could not sleep, and at 6 o'clock on Sunday morning, September 1, he awoke his brother-in-law and asked him to accompany him to Dr. Wrightson's office. After examining Hoagland, the doctor concluded that he must be suffering either from strychnine poisoning or from hydrophobia, and he asked him if he had been bitten by a dog. Hoagland answered that he had, and asked if the doctor attributed the trouble to the dog bite. Dr. Wrightson assured him that he did not, and endeavored to remove any element of fear from the young man's mind. Hoagland had a choking spasm in the doctor's office, and after administering an approved remedy for hydrophobia the doctor told him to go home and rest as quietly as possible. At 9 o'clock in the morning Hoagland had another attack, and then he began to talk about the dog bite. He had several more convulsions before noon, when Dr. Wrightson arrived in company with Drs. Kent and

Diefenbach. They all agreed that Hoagland was suffering from the bite of a rabid dog, and proceeded to do all in their power for him. Hoagland grew rapidly worse during the afternoon and evening, and it finally became necessary to have several men at his bed-side to hold him during the spasms. The doctors were with him almost constantly, though despairing of doing anything to relieve him. He grew weaker constantly, and at 2 o'clock in the morning passed away peacefully, though just previous he had been writhing in a spasm. He died of exhaustion. During the convulsions there were no sounds emitted, except those produced by efforts to breathe. There was nothing like snapping or snarling, and he did not froth at the mouth.—(Special to the REPORTER.)

British Medical Association.

The fifty-seventh annual meeting of the British Medical Association opened at Leeds on Tuesday, August 13. The attendance was exceptionally large. At the first general meeting, under the presidency of Professor W. T. Gairdner, the Annual Report of the Council was read. It described the present position of the Association and the work carried on by its committees during the past year. It was pointed out that when the Association first visited Leeds, in 1843, the members numbered a little over 1,600; in 1869, when it met again in that city, there were 4,095; whilst on the present occasion the roll includes more than 12,000 names, and the balance of the assets over the liabilities to about £160,000.

Statistics of Suicide in France.

The Paris correspondent of the *Medical Press* writes, under date of July 13, 1889, that in the last sixteen years the number of suicides increased in France 55 per cent. Their proportion in regard to the population rose during that period from 15 to 21 per 100,000 inhabitants. In 1872 the total number of suicides was 5,275, while in 1887, 8,202 were registered. Women, as in other countries, are less prone to self-destruction than men—1,768 (22 per cent.), against 6,434 (78 per cent.). The frequency of suicides increases with age. Up to the fortieth year the propensity is about the same in both sexes, but after that the men take

the lead. 2,894 were unmarried, 3,706 married, while 1,355 were widows or widowers. As to the social condition, 2,614 were in agricultural pursuits, 2,276 belonged to varied industries, while the remainder were in business, or were householders, domestics, clerks, etc. The rural population furnished a higher number of suicides than the urban, 4,279 of the former to 3,807 of the latter. As to the period of the year, summer and spring furnish the largest contingent. The means employed were chosen in the following order of frequency, strangling, immersion, fire-arms, asphyxia by charcoal, sharp instruments, poison, precipitation from heights.

The presumed causes were, insanity 2,023, physical suffering 1,407, poverty and reverse of fortune 1,059, domestic affliction 1,116, drunkenness 914, disappointed affections 305, etc. In the above list, alcoholism producing cerebral affections, takes the first rank. During the last fifty years, the consumption of alcohol has increased three-fold, and the number of insane persons fourfold. The liquor which contributes the most to producing mental derangement is absinthe, of which the French are so fond. When a man gets in the habit of taking that drink, he is sure to commit some crime or destroy himself.

Medical Congresses.

The *Riforma Medica*, Aug. 3, 1889, in noticing the "International Congress on Hypnotism," recently held in Paris, points a little well-timed ridicule at the present rage for congresses on special subjects. It intimates that the day may come when we shall have congresses on blood-letting and clysters, and, in fact, on every medical theme.

Duration of Pregnancy.

The duration of pregnancy is a question that has come up for discussion in connection with a proposed Imperial Book of Civil Law for the German Empire. In this book the duration is stated to be from 180 to 300 days. This has given rise to a good deal of discussion in the German Society for Obstetrics and Gynaecology, especially on the part of Prof. Olshausen. He declares that from 160 to 165 days should be the lower limit, while he would raise the higher to from 210

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to 320. Especially in the case of widows an abnormal duration of pregnancy should be allowed. After a lively discussion, a Commission was appointed which will seek to collect facts bearing on the subject. The following has not yet been recorded: a physician had a patient suffering from disease of the heart. During the act of sexual intercourse he suddenly died. Ten months from the date of the husband's death the widow gave birth to a healthy living child. The woman was a very respectable person, and it is very unlikely that she would have thrown herself away under such awful circumstances.—*Medical Press*, April 24, 1889.

Examining Board for Army Surgeons.

An Army Medical Board will be convened in New York City, New York, October 1, 1889, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the Medical Corps of the Army.

Application for an invitation should be addressed to the Secretary of War, stating date and place of birth; place and State of permanent residence, and accompanied by certificates, based on personal acquaintance, from at least two persons of repute, as to citizenship, character, and moral habits: testimonials as to professional standing, from the Professors of the Medical College from which the applicant graduated, are also desirable. The candidate must be between 21 and 28 years of age, and a graduate from a Regular Medical College, evidence of which, his Diploma, must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

Headaches from Alcohol and Tobacco.

Dr. E. Lloyd Jones recommends the following formula in headaches from the abuse of alcohol and tobacco:

R Spir. Ammon. aromat.	fʒ ss
Spir. Chloroformi	M. x
Aquam ad	fʒ i
S.—At one dose.	

NEWS.

—Dr. A. König, of Berlin, has been promoted to the rank of Extraordinary Professor of Physics.

—Dr. C. C. Hildreth, of Zanesville, O., died in that city on August 11, of cerebral apoplexy. He was born in 1811, and had been in active medical practice for fifty-six years.

—The will of John W. McCoy, who died in Baltimore recently, contains a bequest of \$100,000 to the Johns Hopkins University. He also gives his library to this institution.

—Dr. Oliver Wendell Holmes passed his eightieth birthday at Beverley Farms, August 29. Letters and telegrams of congratulation poured in upon him from all over the country.

—The annual meeting of the American Academy of Medicine, for 1889, will be held at Chicago, Ill., November 13 and 14, being postponed to that date by authority of the Council.

—Dr. Herman B. Inches, one of the oldest physicians of Boston, died in that city August 19, aged seventy-seven years. He was a graduate of the Harvard Medical School in 1834.

—The Medical Practice Law passed by the last Legislature of Maine has been declared invalid. There was some technical defect in the law, which the next Legislature will be asked to rectify.

—Dr. Maria M. Dean, a homeopathic physician who took an office in Helena, Mont., three years ago, after studying medicine in this country and Berlin, is said to have a practice that yields her an income of \$12,000 a year.

—The Detroit Academy of Medicine closed the first fifth of a century of its existence September 10, 1889. The occasion was celebrated by a meeting of the Academy at the house of the President, Dr. Leartus Connor.

—An apprentice boy on the United States training-ship New Hampshire, at Newport, died September 1, of typhoid fever. Physicians inspected the vessel and found that it was damp and that the deposits from the water-closets were exposed at low water.

—On August 28 work was begun on a system of piping, by which pure water is to be brought from a dam near Bear Lake to supply Wilkes-Barre, Kingston and Plymouth, in the Wyoming Valley, Pa. The project involves the expenditure of \$600,000.

—Dr. Heneage Gibbes has held the chair of pathology in the medical department of the University of Michigan. Quite recently the subject of histology has been added to that chair, Dr. Stowell having resigned the histological professorship to go to Baltimore.

—Bert. Williams, 17 years old, died in a hospital in Findlay, Ohio, on Saturday, the victim of faith cure fanatics. He had injured one of his legs while playing ball, and a physician had stitched up the wound. The stitches were removed by the faith cure people, and the boy was prayed over by them until gangrene set in, with fatal result.

—The operations preliminary to the building of a second lunatic asylum for Berlin were begun on July 29, at Lichtenberg, near Berlin. The hospital will accommodate one thousand patients. The building of a hospital of similar dimensions for epileptic patients at Biesdorf, also for the city of Berlin, is to be commenced this autumn.

—Dr. David Tilton Brown hanged himself in his barn, near Batavia, Illinois, Sept. 4, 1889. He was at one time chief of the Bloomingdale Asylum in New York and regarded as an authority in the treat-

ment of insanity. In 1875 he himself became insane, and was under treatment in Europe for a time. It is supposed he was insane when he hanged himself.

—A letter received August 29, by the State Department, from the United States Consul at Valparaiso, announced the death in that city on June 30, of Dr. Nathaniel Emmons, from Delaware, Ohio, who had practiced dentistry there for twenty years. He had won a reputation in Valparaiso as a good citizen and a skillful practitioner, and his death brought forth highly eulogistic notices from the press.

—Dr. John T. B. McMaster, a prominent physician of Pocomoke City, Md., died August 28, 1889. He was sixty-one years of age, and a highly esteemed and well-known citizen of Maryland. He was born in Worcester county on December 18, 1827, was graduated in 1850 from the University of Maryland, and located for the practice of his profession at Pocomoke City. During the war he was employed there as an army surgeon.

—Florence K. Hashager, a four-year-old child living in New York, was bitten by a spitz dog on July 22. On September 1 a death certificate, filed by Dr. S. H. Vehslage at the Bureau of Vital Statistics, stated that she had died from hydrophobia. Dr. Vehslage says that there were several symptoms of hydrophobia, although the girl died before it was time for the appearance of the convulsions which mark the final stage of the disease.

—Dr. Isaac White died suddenly at his home in Shawsville, Va., August 3, 1889, aged 52 years. He was a native of Virginia, and graduated from the Medical College of Virginia in 1857. During the war he was surgeon in the Confederate army. After the war he practiced medicine for a time at Christiansburg, Va., and afterwards became Resident Physician at Allegheny Springs, Va., which position he held at the time of his death.

—The Royal Society of Hygiene in Italy, which has its centre in Milan, has resolved to associate itself with the congratulations accorded by his countrymen to Max von Pettenkofer on his having attained his seventieth birthday. It has sent to the distinguished Munich hygienist a richly illuminated parchment, emblazoned with the arms of the two Royal houses of Bavaria and Italy, under whose protection the public health of the two nations respectively stands.

—The Legislature of the State of Michigan recently appropriated twenty-one thousand dollars to the School of Pharmacy and Chemical Laboratory of the University. Of this sixteen thousand is provided for a new building, and five thousand for fitting up the new and repairing the old building. New lecture rooms will be provided with research laboratories, and a museum and ample accommodations furnished for the departments of pharmacy, medicine and dentistry.

—A Medico-Psychological Congress will meet at Novara, Italy, from the 8th to the 14th of September, and will be followed by a Medical Congress, which is to assemble also in the Alta Italia from the 22d to the 27th of the same month. Padua, the special seat of this latter, has many claims on the interest of medical men. From all parts of Italy, and even from the countries of central Europe, physicians of eminence have already signified to the "Comitato Padovano dell' Associazione Medica" their intention to be present.

—The annual announcement of the New York Polyclinic, which is illustrated with six interesting photo-engravings, shows an attendance, for the session of 1888-9, of 383 physicians, making since the open-

ing of this pioneer post-graduate School, in 1882, a total of 1883. These figures show the popularity of the polyclinic system of instruction. Attention is called to the fact that the Faculty has established an extensive hospital, which affords at all times ample material for all clinical purposes. The Session of 1889-90 will open Monday, September 16.

HUMOR.

A GOOD REASON.—Ethel (shuddering)—
"How the trees moan and sigh to-night!"
Bobby (speaking whereof he knows)—
"Well, I guess you'd moan and sigh if you were as full of green apples as they be."—*Binghamton Republican*.

CIGARETTES AND RASHES.—A newsboy called at a doctor's office in Cincinnati, last week, and offered the medical man a half box of cigarettes "if he would make him feel better." He was suffering from scarlatina. Hence his rashness.

"WHAT'S THE MATTER?" the schoolmistrress asked.

"Back's sore, ma'am."
"What made it sore?"
"Pop pounded his thumb with the hatchet this morning, and I laughed."—*Epoch*.

KNEW WHAT HE WANTED.—"Is there anything I can do for you?" asked Mrs. Cumso, tenderly, when her husband was suffering from seasickness. "What do you want?"

"I want the earth," gasped Cumso, as he again leaned over the rail.—*New York Sun*.

LEADING STATISTICIANS assert that more persons annually choke to death while eating in England than are killed on the English railroads." It must be terribly monotonous to "annually choke to death," but probably it isn't so troublesome after one gets accustomed to it, else there wouldn't be so many who prefer it to being smashed to pieces on a railroad and cremated afterwards.—*Boston Transcript*.

MASCULINE SUPERIORITY.—"I see that a *post-mortem* examination is often made in murder cases. What does a *post-mortem* examination mean?" asked a young wife of her better half.

"A *post-mortem* examination, my dear, is intended to allow the victim to state, verbally, his own testimony against his assailant, and is taken down in writing."

"Thanks, darling; and you won't look down on me, will you, because I haven't your education?" He said he wouldn't.